

To the Commissioner of Patents and Trademarks:

Transmitted herewith for filing is the patent application of:

Inventor: Shikani

For: TRACHEOSTOMY TUBE WITH ADJUSTABLE
QUICK RELEASE AND METHOD THEREFOR

Enclosed are:

☒ 10 sheets of drawing.

☐ An assignment of the invention to _____

☐ A certified copy of an _____ application.

☐ An associate power of attorney.

☒ Declaration and Power of Attorney - Original Application

Small Entity Status: Yes ☒ No ☐

The filing fee has been calculated as shown below:

| | (Col. 1) | (Col. 2) | SMALL ENTITY | | | OTHER THAN A SMALL ENTITY | |
|---|-----------|-----------|--------------|--------|----|------------------------------|--------|
| FOR: | NO. FILED | NO. EXTRA | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | \$ 355 | OR | | \$ 710 |
| TOTAL CLAIMS | 17 -20= | * 0 | x 9 = | \$ 0 | | x 18 = | \$ |
| INDEP. CLAIMS | 7 -3= | * 4 | x 40 = | \$ 160 | | x 80 = | \$ |
| MULT. DEPENDENT CLAIM PRESENTED | | | +135 | \$ | | +270 = | \$ |
| * If the difference in Col. 1 is less than zero, enter "0" in Col. 2. | | | TOTAL | \$ 515 | OR | TOTAL | \$ |

☐ Please charge my Deposit Account No. 02-2839 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 515.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

☒ Any additional filing fees required under 37 C.F.R. 1.16.

☒ Any patent application processing fees under 37 C.F.R. 1.17.

☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

☐ Any patent application processing fees under 37 C.F.R. 1.17.

☐ The issue fee set in 37 C.F.R. 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

☐ Any filing fees under 37 C.F.R. 1.16 for presentation of extra claims.

Case Docket No. 20355-PA

FORM PTO-1082.

Robert M. Gamson

Reg. No. 32,986

03-09-01

jc966 U.S. PTO



03/08/01

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BY: Sarah A. Bates

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LEONARD BLOOM & ASSOCIATES, LLC

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401 WASHINGTON AVENUE, SUITE 905
TOWSON, MARYLAND 21204

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TELEPHONE: (410) 337-2295
FACSIMILE: (410) 337-2296
E-MAIL: bkpatent@mindspring.com

March 8, 2001

VIA EXPRESS MAIL
EF136629762US

To the Honorable Commissioner
of Patents and Trademarks
Washington, DC 20231

Re: Our Docket No. 20355-PA

Dear Sir:

Enclosed please find the following:

1. New U.S.A. patent application entitled
"TRACHEOSTOMY TUBE WITH ADJUSTABLE
QUICK RELEASE AND METHOD THEREFOR",
including specification, claims and abstract (13 pages) and
formal drawings (10 sheets), Alan H. Shikani, Inventor.
2. Declaration duly executed.
3. Information Disclosure Statement (with 9 references).
4. Form PTO/SB/42 duly executed.
5. Form PTO-1082 duly executed, in duplicate.
6. Our check No. 6034, in the amount of \$515.00, to cover the
application filing fee.
7. Our post card. (Please date stamp and return.)

WE HEREBY CERTIFY THAT THIS CORRESPONDENCE IS
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EXPRESS LABEL # EF 136629762 US

BY: Leonard Bloom

LEONARD BLOOM & ASSOCIATES, LLC

The Honorable Commissioner
of Patents and Trademarks

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March 8, 2001

The inventor is:

Alan H. Shikani
11 Johnson Mill Road
Ruxton, Maryland 21204
Citizenship: U.S.A.

The applicant is a small entity.

Please address all correspondence to:

LEONARD BLOOM & ASSOCIATES, LLC
Intellectual Property Law Offices
401 Washington Avenue, Suite 905
Towson, MD 21204.

If there are any additional fees required, please charge our Deposit Account No. 02-2839.

Thank you for your cooperation and assistance.

Respectfully submitted,



Robert M. Gamson

RMG/chb
Enclosures